

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WJ		6/15-01
O.I.P.E. CLASSIFIER	IM	70864	7/26/01
FORMALITY REVIEW	CH	825	9/22/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/15/01
2	✓	✓	6/15/01
3	✓	✓	6/15/01
4	✓	✓	6/15/01
5	✓	✓	6/15/01
6	✓	✓	6/15/01
7	✓	✓	6/15/01
8	✓	✓	6/15/01
9	✓	✓	6/15/01
10	✓	✓	6/15/01
11	✓	✓	6/15/01
12	✓	✓	6/15/01
13	✓	✓	6/15/01
14	✓	✓	6/15/01
15	✓	✓	6/15/01
16	✓	✓	6/15/01
17	✓	✓	6/15/01
18	✓	✓	6/15/01
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25	✓	✓	6/15/01
26	✓	✓	6/15/01
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45	✓	✓	6/15/01
46	✓	✓	6/15/01
47	✓	✓	6/15/01
48	✓	✓	6/15/01
49	✓	✓	6/15/01
50	✓	✓	6/15/01

Claim	Final	Original	Date
51	✓	✓	6/15/01
52	✓	✓	6/15/01
53	✓	✓	6/15/01
54	✓	✓	6/15/01
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56	✓	✓	6/15/01
57	✓	✓	6/15/01
58	✓	✓	6/15/01
59	✓	✓	6/15/01
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79	✓	✓	6/15/01
80	✓	✓	6/15/01
81	✓	✓	6/15/01
82	✓	✓	6/15/01
83	✓	✓	6/15/01
84	✓	✓	6/15/01
85	✓	✓	6/15/01
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97	✓	✓	6/15/01
98	✓	✓	6/15/01
99	✓	✓	6/15/01
100	✓	✓	6/15/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

32876  
 07/26/01  
 573  
 04-27-01